



Office of Chief Medical Examiner

421 East 26 Street, New York, NY 10016

Phone: 212-323-1777

Website: <http://www.nyc.gov/ocme>

OCME Reports Request Form (Government Agency/Organization Requests Only)

This form is to be used only by law enforcement agencies, government agencies, and other organizations requesting records for investigative purposes.

* Indicates required field.

Legal Name of Decedent*: _____
Print Name (First Middle Last, Suffix)

Date of Death*: ____/____/____ Date of Birth: ____/____/____ ME Case Number: _____
mm / dd / yyyy mm / dd / yyyy (Provided by OCME Staff)

Borough of Death (Check One): Manhattan Bronx Brooklyn Queens Staten Island

PERSON REQUESTING MEDICAL EXAMINER RECORDS

Type of Agency, Organization, etc.*: _____

Name of Agency, Organization, etc.*: _____

Name (First, Middle, Last)*: _____

Office Address*: _____

Office Address Line 2: _____

City*: _____ State*: _____ Zip*: _____

Office Phone*: _____ Office Email*: _____

PURPOSE OF REQUEST/ADDITIONAL INFORMATION

Briefly explain the purpose of your request and/or provide any relevant additional information*:

Select the type(s) of reports you are requesting*:

<input type="checkbox"/>	Autopsy report only
<input type="checkbox"/>	Toxicology report only
<input type="checkbox"/>	Complete Medical Examiner case file (contains autopsy report)
<input type="checkbox"/>	Photographs (ID photos, Scene photos, and autopsy photos only. Please be aware of the graphic nature of the death scene and autopsy photos when making your request.)
<input type="checkbox"/>	X-Rays
<input type="checkbox"/>	Microscopic slides
<input type="checkbox"/>	View slides
<input type="checkbox"/>	View and photograph slides
<input type="checkbox"/>	Recut slides (Note: requestors are asked to be conservative in making this request; recuts are expensive and labor-intensive to produce.)

How would you prefer to receive the report(s)? *:

USPS Mail

Secure Transmission via email

Pick up from OCME at 421 East 26th Street, New York, NY 10016

Signature*: _____ Date*: _____

PLEASE NOTE

If you request an in-person pick up of the OCME report/record, then the Records Department will notify you when the report/record is ready. You may contact the OCME Records Department **Monday through Friday 8:00 AM to 5:00 PM by calling (212) 323-1777**. If you leave a voice message, please clearly state your full name, and provide a phone number where you can be reached during the Records Department's hours.

Final Autopsy Reports can take weeks to several months to finalize due to the detailed studies that may be performed. Note that the **relevant District Attorney's Office** must approve release of case material when the Manner of Death is deemed by the Medical Examiner to be a **homicide**.

This form may be submitted via email to: OCMERecordsRequest@ocme.nyc.gov.

If you are submitting hard copy, please send the original signed form to:

Office of Chief Medical Examiner
Attention: Legal Department
421 East 26th Street, 13th Floor
New York, NY, 10016-6402